EFF Non-Crew Pe	erformance R	ating	Instructions: The immediate job supervisor will prepare this form for each subordinate. It will be delivered to Area Forester/ FMO before the rater leaves the assignment. Rating will be reviewed with employee who will sign the bottom.									
1. Name:			2. Incident Name and Number:									
4. Home Unit Address:			5. Incident/Assig	nment Agency a	nd Address:							
6. Position Held on	7. Trainee Position	on:	8. Incident Comp	lexity:	9. Date of Assignment							
Incident/Assignment:	□ <sub>Yes</sub>	□ <sub>No</sub>	O <sub>1</sub> O <sub>1</sub>	ı 🗆 III	From: To:							
10. Enter X opposite rating factors	and under proper	r heading for each	category listed	_	_							
Rating Factor	Did Not Apply on This Assignment	Unacceptable	Needs to Improve	Fully Successful	Exceeds Successful							
Knowledge of the Job												
Attitude/Interpersonal Relationship												
Initiative												
Quantity and Quality of Work Produc												
Decisions/Work under Stress												
Safety												
Consideration for Personnel (Superv	risors Only)											
Ability to Obtain Performance (Supe	rvisors Only)											
Other (Specify)												
11. Recommendations for Rehire:		Yes $\square$	No (If NO, Ex	plain in Remarks	)							
12. Remarks												
13. Emergency Fire Fighter (Signature)	ature)				14. Date							
15. Rated By (Signature)	16. Home Unit		17. Position	•	18. Date							

INCIDENT PERSONNEL PERFORMANCE RATING			INSTRUCTIONS: The immediate job supervisor will prepare this form for each subordinate. It will be delivered to the planning section before the rater leaves the fire. Rating will be reviewed with the employee who will sign at the bottom.															
THIS RATING IS TO BE USED FO				FOR DETERMINING AN INDIVIDUAL'S PERFORMANCE														
1. Name			2. Fire Name and Number															
3. Home Unit (address)				Location of Fire (address)														
5. Fire Position	6. Date of Assign From:	ment To:	7. Acres Burned 8. Fuel Type(s)															
			9	. Eva	luatio	n												
<ul> <li>0- Deficient. Does not mee DEFICIENCIES MUST E</li> <li>1- Needs to improve. Meet IDENTIFY IMPROVEME</li> <li>2- Satisfactory. Employee</li> <li>3- Superior. Employee cor</li> </ul>	BE IDENTIFIED IN REI ts some or most of the ENT NEEDED IN REM meets all requirements	MARKS requirements ARKS. s of the individ	of the	e indiv	vidual nt.	elem	ent											
3- Superior. Employee cor	isistently exceeds the p	periormanice i	equii	CITICIT	is.													
Deti	ing Factors			Hot	Line		Mop-Up					Ca	mp		Other (specify)			
Rating Factors		0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	
Knowledge of the job																		
Ability to obtain performanc	е																	
Attitude																		
Decisions under stress																		
Initiative																		
Consideration for personnel welfare																		

	U	'	4	3	U	' '	4	3	U	1	 3	U		3
Knowledge of the job														
Ability to obtain performance														
Attitude														
Decisions under stress														
Initiative														
Consideration for personnel welfare														
Obtain necessary equipment and supplies														
Physical ability for the job														
Safety														
Other (specify)														

10. Remarks

11. Employee (signature) This rating has been discussed with me									
13. Rated by (signature)	14. Home Unit	15. Position on Fire	16. Date						

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CREW PERFORMANCE RATING	<b>INSTRUCTIONS:</b> This rating is to be used only for determining an individual's fire fighting qualifications. All blocks must be completed. Crew will be rated by the immediate supervisor not crew representative. If deficiencies are indicated for items 9 and 10, explain in item 11.											
Crew Name and Number	2. Fire	Name ar	nd Numb	er			3. Crew Boss (name)					
4. Crew Home Unit and Address					5. Loca	tion of Fire (	(complete address)					
6. Crew Representative	7. Date	s on Fire	)			8. Number of Shifts Worked						
9. Crew Evaluati	on				11. Area	Improvement						
Rating Factors	Excellent	Satisfactory	Deficient	Needs To Improve								
Physical Condition												
Hot Line Construction												
Mop-Up												
Off Line Conduct												
Use of Safe Practices												
Crew Organization and Equipment												
Other (specify)												
10. Supervisory Perfor	mances											
Crew Boss					<u> </u>							
Squad Boss												
Crew Representative												
12. Names of Outstanding Workers (comment)					13. Nai	mes of indiv	riduals Needing Improvement ( <i>indicat</i>	re area(s))				
14. Remarks												
15. Crew Boss (signature) This rating has be	en discu	issed wit	h me					16. Date				
17. Rated By (signature)	18. Home Unit (address)						19. Position on Fire 20. Date					

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